



Improving the Quality and Availability of Reproductive Health Services: Humanized Care in the Dominican Social Security Institute: A PRIME Performance Improvement Project

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Overview

In June of 1998, the Dominican Republic (DR) was selected as the site in Latin America (LAC) where the PRIME Project would test its Performance Improvement (PI) Approach. PRIME'S PI Approach is a methodology newly adapted from U.S. industry that identifies gaps in primary health care provider performance, the root causes of those gaps, and the interventions that can be applied to address the causes of performance problems. The Dominican Social Security Institute (IDSS) became the PI pilot test site with the goal of improving provider performance at IDSS hospitals, clinics, and *consultorios* (physician offices).

The IDSS provides health care services for 8% of the total Dominican population. Usage of IDSS facilities was low, with eligible clients choosing other service providers. Informal surveys uncovered a high degree of client dissatisfaction with the services and treatment received.

In July 1998, a team was formed of IDSS reproductive health (RH) management and staff, PRIME LAC regional office staff, and PRIME PI specialists. With technical assistance from PRIME, IDSS PI team members identified indicators for the desired performance of RH providers, and collected baseline data to determine the actual level of performance, using these same indicators. Root causes

were uncovered for performance problems, and the team designed and implemented an array of interventions to address these problems.

Because the project was a pilot initiative, an operations research design was developed. Three provinces were selected for testing the interventions. San Cristóbal received the full set of interventions, which included RH training for providers, expectation setting by IDSS headquarters, client feedback and dissemination of educational materials. La Romana received only expectation setting, client feedback, and educational materials. La Vega served as a control area and did not receive any intervention.

Results indicate that provider performance, quality of care and client satisfaction have improved significantly in San Cristóbal. In La Romana and La Vega, performance has not increased significantly.

In interviews conducted in September 1999, IDSS staff found the PI Approach useful, and praised its participatory and systematic nature.

The 5-Step PI Process

The DR PI pilot project applied the PI methodology, which includes the following 5 stages¹:

1. Getting Project Agreement
2. Performance Needs Assessment
3. Design of Interventions
4. Implementation
5. Evaluation

Getting Project Agreement

Getting Project Agreement was an on-going process, reflecting changing project circumstances, including the departure of 2 IDSS Director Generals. The IDSS RH/PRIME team discussed the project with each new director to assure his understanding and support of the project.

We will continue to use the PI methodology in this and other projects. The PI Approach was very important, and essential in thinking about our needs, and in defining gaps, what we have and what we want in the future.

- IDSS RH Coordinator

Performance Needs Assessment

A Performance Needs Assessment (PNA) was conducted in San Cristóbal by PRIME in Fall 1998. An in-depth interview guide was used with clinic and hospital staff, and with IDSS supervisors and directors. A focus group guide was used to gather client perceptions of RH services. The objectives of the PNA were to define desired and actual performance; define the gaps between them; identify the key causes of performance gaps; and identify interventions to address those causes.

The IDSS RH/PRIME team identified several aspects of RH service delivery that could be improved, including quality of care, service



coverage, and program management. In the PNA, specific problems were identified, including:

- a) Lack of knowledge of what the IDSS meant by integrated reproductive health
- b) Lack of contraceptive supplies
- c) Weak supervision
- d) Lack of norms and service protocols
- e) Weak information systems
- f) Lack of monitoring and evaluation at the local level
- g) Lack of skills and knowledge in how to treat clients humanely

Design and Implementation of Interventions

In January 1999, the results of the PNA and possible strategies were presented to a group of 26 IDSS technical personnel and directors. This group selected the following as areas of focus:

- ⇒ Improvement of client provider interaction (CPI)
- ⇒ Provider knowledge of integrated RH
- ⇒ RH service protocols
- ⇒ Increase in availability of contraceptive supplies, and
- ⇒ Information systems

The group also recommended that the structure of the IDSS Health Division be revised to change the RH program from a special project to a *department*.

For each of the areas identified above, specific interventions were identified, designed and implemented.

Improvement of Client Provider Interaction (CPI)

In order to improve the interaction between clients and providers, and thereby assure that providers treat clients more humanely, four key interventions were identified:

- 1) Development
- 2) Dissemination of CPI norms
- 3) Client feedback systems
- 4) Training in CPI and RH awareness

In addition, the team collected data to identify possible interventions in a fifth area (incentives) that would be carried out under a future PRIME project.

CPI norms were designed based on 4 components: friendliness, privacy and confidentiality, adequate information, and problem solving. A poster was developed and distributed that listed the CPI norms and noted the treatment each client is entitled to receive at IDSS health centers.

Client feedback: In order to assess the views of service users, a suggestion box (*buzón*) was developed with feedback cards. Clients could complete the cards to provide suggestions on how to improve services and comment on the treatment they had received. The *buzones* were placed in strategic places, including entrance and waiting areas, throughout the IDSS service delivery sites. Interviews with hospital directors in San Cristóbal indicate that staff analyze the feedback cards weekly and share the results with the director. He then discusses them with his staff in a group meeting or individually. These discussions allow providers to become aware of how clients perceive their services, to make changes, and if necessary, to motivate them to improve their work.

Training: A training of trainers (TOT) workshop was conducted for 12 IDSS personnel on CPI skills, an integrated RH model, effective communication, and training skills for conducting effective and participatory workshops. The TOT participants then conducted 7 3-day workshops for 125 providers from San Cristóbal.

Incentives for improved CPI:

PRIME project staff conducted focus groups with providers and interviews with hospital directors from San Cristóbal to ask: "What (aside from financial incentives) would motivate you to treat clients in a humanized manner?" Results included public recognition, adequate physical space, benefits and support systems.

The PRIME Project has mobilized the IDSS at all levels - from the central level to users to providers. It is magnificent for the RH Program and the IDSS Health Division.

– IDSS RH Director

Provider Knowledge of Integrated Reproductive Health

The IDSS RH/PRIME team identified family planning; maternal and child health; sexually transmitted diseases and AIDS; breastfeeding promotion; and breast and cervical cancer prevention as services that should be provided as part of an integrated RH program within the IDSS system. Many IDSS health centers did not offer the complete range of RH services, nor were providers clear that this was the IDSS definition of integrated RH. To address this, the following 4 key interventions were developed to raise the awareness of health providers and managers on the importance of offering and promoting all types of RH services:

1. Development of a wall sign listing the 5 RH service areas
2. A letter sent from the central level to the service delivery sites in San Cristóbal and La Romana noting that each center is expected to provide the 5 RH services
3. A RH folder for providers that includes client education pamphlets and a poster of FP methods
4. A supply of client educational materials that were distributed to each IDSS health center in San Cristóbal and La Romana.

The client education materials were adapted from materials developed by Development Associates, Inc. under another USAID contract.

RH Service Protocols

Once defined, it was important to assure that the IDSS-mandated RH services would be of high quality.

Service protocols are a key means to explain to health providers what is expected of them. Because of the short duration of the PRIME pilot project, the IDSS RH/PRIME team decided to focus on developing service protocols for family planning and breast and cervical cancer prevention. A team was selected to develop the protocols with technical leaders from the local and central IDSS levels and with technical assistance from the PRIME/LAC Medical Director. A draft of the protocols is in progress and will be completed during the second phase of the PRIME Project. These protocols will help standardize services and assure that providers have appropriate information.

Increase in Availability of Contraceptive Methods

Historically, the IDSS has not had contraceptive supplies. The FP/RH program was limited to counseling clients, referring them to the MOH for contraceptives. To improve FP/RH services, the IDSS needed to provide supplies to their client population.

With PRIME identification of the need for contraceptives, USAID funded technical assistance from the Family Planning Logistic Program (FPLM) of John Snow, Inc. for contraceptive logistics and management. Subsequently, USAID and CONAPOFA (the Dominican National Family Planning Council) donated supplies to the IDSS RH Program. The RH team distributed the contraceptives to health centers, including hospitals and clinics in San Cristóbal and La Romana. The IDSS has since agreed to purchase contraceptives from the United Nations Population Fund (UNFPA) using IDSS funds.

Information Systems

As identified in the PNA, client information that was collected at the local level and sent to the central IDSS level was not used at the local level for decision-making. However,

adequate data are necessary to improve provider performance and make changes in health center policies and practices. As noted above, a client feedback card was developed to help address this problem. This information is useful for making decisions at the local level and provides health centers with the necessary data to make changes to improve performance.

Evaluation

In order to measure the changes the project may have had on provider performance, a baseline study was conducted in May 1999 prior to implementing interventions. The baseline study measured client perceptions of provider performance, CPI observations, provider RH knowledge, and existence of RH educational materials and RH services at each health center. A follow-up evaluation was done in August 1999. PRIME staff also conducted a qualitative analysis in September 1999, using semi-structured interviews with IDSS personnel.

Evaluation results indicate that provider performance and RH knowledge have improved significantly in San Cristóbal. In La Romana and La Vega, performance has not increased significantly and RH knowledge improvement was mixed.

IDSS and USAID personnel were pleased with the technical assistance provided by PRIME, and spoke highly of both the local and regional PRIME staff and consultants. IDSS staff noted PRIME's participatory style in program development and management. They noted that PRIME was very collaborative, did not impose program designs or activities, and took into account the experiences of the IDSS and their staff.

Increase in RH Knowledge

Follow-up data illustrate that the level of provider awareness of the 5 integrated RH services rose significantly in San Cristóbal. In La Vega, the level of awareness rose only slightly while in

La Romana, the level of awareness decreased markedly between baseline and follow-up. This illustrates that the awareness raising interventions alone were insufficient in the absence of training, perhaps because training provided an opportunity to reinforce messages among providers.

Improved Quality of Care

PRIME training has improved the skills of primary level providers and has expanded their ability to provide quality RH services. Project personnel noted early indications of increased access to RH services and improved quality of care at the primary level in San Cristóbal as a result of PRIME project interventions, particularly in improved client-provider interaction. Central and local level IDSS staff reported that PRIME-trained providers now listen to the needs of their clients, and treat them in a more humane fashion. This is in contrast to previous behavior, in which the provider often had little eye contact and determined the appropriate service for the client with little, if any, client input.

Client assessment results and interviews with IDSS staff confirm that provider performance improved over time in San Cristóbal. In La Vega, there was a slight decrease in provider performance. In La Romana, where health centers received educational materials and the interventions to increase RH awareness, client satisfaction decreased. Most likely, this is a result of increased client expectations without improved provider performance. This implies that even when providers in La Romana knew what was expected of them, they did not know how to treat clients in a way consistent with the CPI norms. Training, which included ample skills practice, apparently provided the skills as well as the knowledge necessary to improve provider performance in providing humane client care.



Service demand has improved. Clients feel good about providing their opinion. This has never been seen before in public sector services.

- IDSS RH Director

The health centers are using the RH educational materials developed in the project to inform clients of the improved IDSS RH services and provide appropriate information. The centers also are using the *buzones* effectively, incorporating the suggestions offered by clients to implement changes in services. The data are analyzed and shared among personnel improving decision-making at the local level. The Directors of the San Cristóbal Hospitals praised the *buzones* for having “revolutionalized” IDSS RH services.

Capacity Building

An important result of the project is the increased capacity of IDSS RH Program staff to use the PI methodology to diagnose problems and develop and evaluate interventions. The IDSS now has trained personnel who are able to transfer their skills to help others improve their performance. A team of IDSS facilitators also exists with skills in participatory adult education, that can lead future training.

Now providers are very interested in user satisfaction, humanized care, and expanding RH services. The providers are treating clients better, and providers are feeling good about it.

- IDSS RH Coordinator

PRIME-trained IDSS staff praised the participatory performance improvement and training methodology. Many of those interviewed noted that they had incorporated more participatory methods in their interactions or training sessions with staff and colleagues, as well as with family

members.

In September 1999, as part of interviews with IDSS personnel, PRIME staff applied an Evaluation, Documentation and Dissemination methodology to assess the impact of the PRIME PI Project on IDSS institutional capacity in improving provider performance and RH service delivery. The resulting assessment score showed a significant improvement in IDSS institutional capacity as a result of PRIME Project activities². A 77% increase in IDSS capacity was achieved from 1998 to 1999, yet there is room for additional improvement. The IDSS RH Director summarized PRIME’s impact, noting, “*The PRIME Project has built institutional capacity. It has changed the culture of the IDSS in analyzing problems and taking clients into account. It has helped to decentralize decision-making, without relying on the central level. It has left us with a team capable of doing training. It has helped the whole institution.*”

Increase in Access

With the donation of contraceptive supplies, IDSS clients have increased access to FP methods. The IDSS hospitals in San Cristóbal have expanded their hours of operation for family planning services, from 2 days to 5 days a week in one hospital. Future approved IDSS funding of contraceptive purchases also increases the sustainability of the RH Program, as it will not have to depend on donations. The IDSS RH Coordinator noted, “*Thanks to PRIME, we have all the (FP) methods. And from that, we have improved office visits and hospital services. People are demanding more services because they see the improved quality of our services. Clients had to go the MOH before. Now, they can get services from the IDSS. It has increased access.*”

Conclusion

The follow-up data and interviews illustrate encouraging results regarding improved provider performance in San Cristóbal where the full array of interventions was implemented. Longer term follow-up should provide additional results, as well as the continued expansion of the interventions throughout the IDSS system.

¹For additional information about the PI Approach and project results, see *PRIME Technical Report 19 Dominican Republic Performance Improvement Project*, (M Luoma, W Jaskiewicz, J McCaffery and D Catotti) January 2000.

²For additional information about the EDD methodology, also see *PRIME Technical Report 19*.

For further information:

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